

# Exhibit 22

**From:** Keadey, Stephen <sckeadey@email.unc.edu>  
**Sent:** Thursday, February 26, 2015 4:59 PM  
**To:** Polk, Barbara Jo <bpolk@admissions.unc.edu>  
**Cc:** Farmer, Stephen M <sfarmer@admissions.unc.edu>  
**Subject:** RE: CA docs and school forms

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Barbara,

Thank you very much. Just one question to confirm: Is the first pdf here ("Fall 2015 – List of FYR and Sophomore Majors") part of the Common Application materials? I ask simply because it looks different from the other materials.

Thanks again,  
Steve

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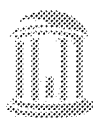
**From:** Polk, Barbara Jo  
**Sent:** Thursday, February 26, 2015 11:54 AM  
**To:** Keadey, Stephen  
**Cc:** Farmer, Stephen M  
**Subject:** FW: CA docs and school forms

Steve,

Here you go.....

Barbara

Barbara Polk  
Deputy Director  
Office of Undergraduate Admissions  
University of North Carolina at Chapel Hill  
Phone: 919-966-3989



THE UNIVERSITY  
of NORTH CAROLINA  
at CHAPEL HILL

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## Fall 2015 and Sophomore List of Majors

African, African American, and Diaspora Studies  
American Studies  
Anthropology  
Applied Science  
Archaeology  
Art History  
Art: Studio Art  
Art: Studio Art (BFA)  
Asian Studies  
Biology (BA)  
Biology (BS)  
Business Administration  
Chemistry (BA)  
Chemistry (BS)  
Classics  
Clinical Laboratory Science  
Communication Studies  
Comparative Literature  
Computer Science (BA)  
Computer Science (BS)  
Contemporary European Studies  
Dental Hygiene  
Dramatic Art  
Economics  
Education: Child Devel and Family Studies  
Education: Elementary  
Education: Middle Grades  
English  
Environmental Sciences  
Environmental Studies  
Exercise and Sport Science  
Geography  
Geological Sciences (BA)  
Geological Sciences (BS)

German and Slavic Lang & Lit  
Global Studies  
History  
Information Science  
Journalism and Mass Comm  
Latin American Studies  
Linguistics  
Management and Society  
Mathematical Decision Sciences  
Mathematics (BA)  
Mathematics (BS)  
Music  
Music: Performance (BMUS)  
Nursing  
Peace, War, and Defense  
Pharmacy  
Philosophy  
Physics (BA)  
Physics (BS)  
Political Science  
Psychology (BA)  
Psychology (BS)  
Public Health: Biostatistics  
Public Health: Environmental Health Sciences  
Public Health: Health Policy and Management  
Public Health: Nutrition  
Public Policy  
Radiologic Science  
Religious Studies  
Romance Languages  
Sociology  
Undecided  
Women's & Gender Studies

# UNC Chapel Hill First Year Member Screen

## Academics

Intended Major (please select from the list provided): \_\_\_\_\_

## Contacts

Have you previously applied to University of North Carolina at Chapel Hill?  
(Yes/No) \_\_\_\_\_

Date (month/year): \_\_\_\_/\_\_\_\_

## Family

Are any siblings also applying for undergraduate admission to University of North Carolina at Chapel Hill this year? (Yes/No) \_\_\_\_\_

Sibling Relationship \_\_\_\_\_  
Sibling First/Given Name \_\_\_\_\_  
Sibling Last/Family/Sur Name \_\_\_\_\_  
Sibling Other Last Name \_\_\_\_\_

Have any relatives ever attended University of North Carolina at Chapel Hill?  
(Yes/No) \_\_\_\_\_

Family Legacy Relationship \_\_\_\_\_  
Family Legacy First/Given Name \_\_\_\_\_  
Family Legacy Last/Family/Sur Name \_\_\_\_\_  
Family Legacy Maiden/Other Last Name \_\_\_\_\_  
Family Legacy Number of Degrees at University of North Carolina at Chapel Hill \_\_\_\_\_  
Family Legacy Degree Received \_\_\_\_\_  
Family Legacy Year Received \_\_\_\_\_

## Residency

Do you believe you may qualify for in-state tuition? (Yes/No) \_\_\_\_\_

When do you claim that you began your legal residence (domicile) in NC?  
Date (month/year): \_\_\_\_/\_\_\_\_

Do you have a driver's license or state identification card? (Yes/No) \_\_\_\_\_  
State of issuance: \_\_\_\_\_  
Date issued (month/year): \_\_\_\_/\_\_\_\_

Are you employed? (Yes/No) \_\_\_\_\_  
State where your office is located: \_\_\_\_\_

**Did you file a state tax return last year? (Yes/No) \_\_\_\_\_**

State of filing: \_\_\_\_\_

**Will you file a state tax return this year? (Yes/No) \_\_\_\_\_**

State of filing: \_\_\_\_\_

**Do you own a car? (Yes/No) \_\_\_\_\_**

State of registration: \_\_\_\_\_

Date of registration: \_\_\_\_\_

**Are you registered to vote? (Yes/No) \_\_\_\_\_**

State registered: \_\_\_\_\_

Date issued (month/year): \_\_\_\_/\_\_\_\_

## **Parent/Legal Guardian Residency**

The questions in this section pertain to the parent or legal guardian who would qualify you for in-state status at this college. From the answers given on your application, please select the parent/legal guardian that best qualifies you for in-state tuition.

**When does your parent/legal guardian claim they began their legal residence (domicile) in N.C.? Date (month/year): \_\_\_\_/\_\_\_\_**

**Since when has this parent/legal guardian lived at his/her current address?**

Date (month/year): \_\_\_\_/\_\_\_\_

**Is your parent/legal guardian a U.S. citizen? \_\_\_\_\_**

**Is your parent/legal guardian a U.S. armed Services active duty or veteran? (Yes/No) \_\_\_\_**

☐ U.S. Citizen or U.S. National

☐ U.S. Dual Citizen

☐ U.S. Permanent Resident or Refugee

☐ Other (Non-U.S.)

**Does your parent/legal guardian have a driver's license or state identification card? (Yes/No) \_\_\_\_\_**

State of issuance: \_\_\_\_\_

Date issued (month/year): \_\_\_\_/\_\_\_\_

**Is your parent/legal guardian employed? (Yes/No) \_\_\_\_\_**

**Did your parent/legal guardian file a state tax return last year? (Yes/No)**

State of filing: \_\_\_\_\_

**Will your parent/legal guardian file a state tax return this year? (Yes/No)**

State of filing: \_\_\_\_\_

**Does your parent/legal guardian own a car? (Yes/No)**

State of registration: \_\_\_\_\_

Date of registration (month/year): \_\_\_\_/\_\_\_\_

**Does your parent/legal guardian own real estate? (Yes/No)**

State of where property taxes were most recently paid: \_\_\_\_\_

Real estate title date (*month/year*): \_\_\_\_/\_\_\_\_

**Is your parent/legal guardian registered to vote? (Yes/No)** \_\_\_\_\_

State of registration: \_\_\_\_\_

Date of registration (*month/year*): \_\_\_\_/\_\_\_\_

**Has your parent/legal guardian ever served jury duty? (Yes/No)** \_\_\_\_\_

State most recently served: \_\_\_\_\_

## Other Information

Carolina prides itself on honesty and integrity. Under the University's system of self-government, each student is responsible for obeying and supporting enforcement of the Honor Code, which is administered by students. The Honor Code specifically prohibits lying, cheating, or stealing and any conduct that impairs significantly the welfare or the educational opportunities of others in the University community. For more information, visit [honor.unc.edu](http://honor.unc.edu) (Yes/No) \_\_\_\_\_

I have read and agree to abide by the policies defined on <http://admissions.unc.edu/policies-for-applicants/> (Yes/No) \_\_\_\_\_

**Do you have any criminal charges pending against you? (Yes/No)** \_\_\_\_\_

If yes, use the space below to provide an explanation.

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Have you entered a plea of no contest or nolo contendere, or an Alford plea, to a misdemeanor, felony, or other criminal charge; or received a deferred prosecution or prayer for judgment continued for such a charge; or otherwise accepted responsibility for such a crime? [Note that you are not required to answer "yes" to this question or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.] (Yes/No) \_\_\_\_\_

If yes, use the space below to provide an explanation.

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In addition to the essay you provided with your Common Application, please choose one of the prompts below and respond in an essay of 400-500 words. Please attach your essay as a separate document.

1. Why do you do what you do?
2. How do you define wisdom?
3. You were just invited to speak at the White House. Write your speech.
4. What concerns you about your world? What do you hope to do to make it better?
5. UNC Computer Science Professor Frederick P Brooks discovered what has become known as Brooks' law – "adding more man-power to a late project will make the project later." Tell us about a counterintuitive or surprising solution to a problem you stumbled upon in your life.

Short Answer Questions: Complete each of the following sentences about yourself. Don't think too long or too hard; just help us get to know you better. Your responses may be as short as one word or as long as 10 words—no longer, please.

1. Pet Peeve: \_\_\_\_\_
2. Favorite saying: \_\_\_\_\_
3. Favorite time of day: \_\_\_\_\_
4. Note to my future self: \_\_\_\_\_
5. Autobiography subtitle: \_\_\_\_\_
6. First thought when I woke up this morning: \_\_\_\_\_

Please list below names and relationships of individuals with whom you authorize the University of North Carolina at Chapel Hill to discuss information related to your application.

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May we share basic information about you with the General Alumni Association so they can correspond with you and your family? (Yes/No) \_\_\_\_\_

## TO THE APPLICANT

After completing all the relevant questions below, give this form to your secondary school counselor or another school official who knows you better. **If applying via mail**, please also give that school official stamped envelopes addressed to each institution that requires a School Report.

Legal Name \_\_\_\_\_ ☐ Female  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date \_\_\_\_\_ CAID (Common App ID) \_\_\_\_\_  
mm/dd/yyyy

Address \_\_\_\_\_  
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_

**Current year courses—please indicate title, level (AP, IB, advanced honors, etc.) and credit value of all courses you are taking this year. Indicate quarter classes taken in the same semester on the appropriate semester line.**

Full Year/First Semester/First Trimester

Second Semester/Second Trimester

Third Trimester

or additional first/second term courses if more space is needed

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**IMPORTANT PRIVACY NOTE:** By signing this form, I authorize all schools that I have attended to release all requested records covered under the Family Educational Rights and Privacy Act (FERPA) so that my application may be reviewed by The Common Application member institution(s) to which I am applying.

I further authorize the admission officers reviewing my application, including seasonal staff employed for the sole purpose of evaluating applications, to contact officials at my current and former schools should they have questions about the school forms submitted on my behalf.

I understand that under the terms of the FERPA, after I matriculate I will have access to this form and all other recommendations and supporting documents submitted by me and on my behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at [www.commonapp.org/FERPA](http://www.commonapp.org/FERPA)*).
2. I waive my right to access below, regardless of the institution to which it is sent:

- ☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
- ☐ No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO THE SECONDARY SCHOOL COUNSELOR

Attach applicant's official transcript, including courses in progress, a school profile, and transcript legend. (Check transcript copies for readability.) Use both pages to complete your evaluation for this student. **Be sure to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Counselor's Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_  
Please print or type

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Title \_\_\_\_\_ School \_\_\_\_\_

School Address \_\_\_\_\_  
Number & Street City/Town State/Province Country ZIP/Postal Code

School Website Address \_\_\_\_\_

Counselor's Telephone (\_\_\_\_\_) \_\_\_\_\_ Counselor's Fax (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code Number Ext. Area/Country/City Code Number

School CEEB/ACT Code \_\_\_\_\_ Counselor's E-mail \_\_\_\_\_



Background Information

Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Covering a period from \_\_\_\_\_ to \_\_\_\_\_  

(mm/yyyy)(mm/yyyy)

The rank is ☐ weighted ☐ unweighted. How many additional students share this rank? \_\_\_\_\_

How do you report class rank? quartile \_\_\_\_\_ quintile \_\_\_\_\_ decile \_\_\_\_\_

Cumulative GPA: \_\_\_\_\_ on a \_\_\_\_\_ scale, covering a period from \_\_\_\_\_ to \_\_\_\_\_  

(mm/yyyy)(mm/yyyy)

This GPA is ☐ weighted ☐ unweighted. The school's passing mark is \_\_\_\_\_

Highest GPA in class \_\_\_\_\_ Graduation Date \_\_\_\_\_  

(mm/dd/yyyy)

Percentage of graduating class immediately attending: \_\_\_\_\_ four-year \_\_\_\_\_ two-year institutions

How many courses does your school offer:  
AP \_\_\_\_\_ IB \_\_\_\_\_ Honors \_\_\_\_\_

If school policy limits the number a student may take in a given year, please list the maximum allowed:  
AP \_\_\_\_\_ IB \_\_\_\_\_ Honors \_\_\_\_\_

Is the applicant an IB Diploma candidate? ☐ Yes ☐ No

Are classes taken on a block schedule? ☐ Yes ☐ No

In comparison with other college preparatory students at your school, the applicant's course selection is:  
☐ most demanding  
☐ very demanding  
☐ demanding  
☐ average  
☐ below average

How long have you known this student and in what context? \_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

Ratings Compared to other students in his or her class year, how do you rate this student in terms of:

|          |                                  | Below<br>average | Average | Good (above<br>average) | Very good<br>(well above<br>average) | Excellent<br>(top 10%) | Outstanding<br>(top 5%) | One of the top<br>few I've<br>encountered<br>(top 1%) |
|----------|----------------------------------|------------------|---------|-------------------------|--------------------------------------|------------------------|-------------------------|---|
| No basis | Academic achievement             |                  |         |                         |                                      |                        |                         |   |
|          | Extracurricular accomplishments  |                  |         |                         |                                      |                        |                         |   |
|          | Personal qualities and character |                  |         |                         |                                      |                        |                         |   |
|          | OVERALL                          |                  |         |                         |                                      |                        |                         |   |

**Evaluation** Please provide comments that will help us differentiate this student from others. Feel free to attach an additional sheet or another reference you have prepared for this student. Alternatively, you may attach a reference written by another school official who can better describe the student. We especially welcome a broad-based assessment and encourage you to consider describing or addressing:

- The applicant's academic, extracurricular, and personal characteristics.
- Relevant context for the applicant's performance and involvement, such as particularities of family situation or responsibilities, after-school work obligations, sibling childcare, or other circumstances, either positive or negative.
- Observed problematic behaviors, perhaps separable from academic performance, that an admission committee should explore further.

While this evaluation is a **required** part of every School Report, we recognize that some school counselors face formidable challenges. If your professional circumstances render you unable to provide substantive written comments about this student, and if you are unable to substitute another school official's statement in its place, please help our member colleges better understand your situation by checking one or both of the statements below:

☐ I do not have sufficient personal knowledge of this student. ☐ The demands of my counseling load do not afford me sufficient time.

Please note that if a box is checked, some colleges may contact the student, explain that the box was checked, and request a substitute academic recommendation from a teacher.

① Has the applicant ever been found responsible for a disciplinary violation at your school from the 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from your institution. ☐ Yes ☐ No ☐ School policy prevents me from responding

② To your knowledge, has the applicant ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime?  
☐ Yes ☐ No ☐ School policy prevents me from responding.  
[Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered to be kept confidential by a court.]

If you answered "yes" to either or both questions, please attach a separate sheet of paper or use your written recommendation to give the approximate date of each incident and explain the circumstances.

Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.

☐ **Check here if you would prefer to discuss this applicant over the phone with each admission office.**

## APPLICANT

Legal Name \_\_\_\_\_  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc.

Preferred name, if not first name (only one) \_\_\_\_\_ Former last name(s) \_\_\_\_\_

Birth Date \_\_\_\_\_ ☐ Female ☐ Male  
mm/dd/yyyy

US Social Security Number, if any \_\_\_\_\_  
Required for US Citizens and Permanent Residents applying for financial aid via FAFSA

Preferred Telephone ☐ Home ☐ Cell Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code Area/Country/City Code

E-mail Address \_\_\_\_\_ IM Address \_\_\_\_\_

Permanent home address \_\_\_\_\_  
Number & Street Apartment #

City/Town \_\_\_\_\_ County or Parish \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

If different from above, please give your current mailing address for all admission correspondence. (from \_\_\_\_\_ to \_\_\_\_\_)  
(mm/dd/yyyy) (mm/dd/yyyy)

Current mailing address \_\_\_\_\_  
Number & Street Apartment #

City/Town \_\_\_\_\_ County or Parish \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

If your current mailing address is a boarding school, include name of school here: \_\_\_\_\_

## FUTURE PLANS

Your answers to these questions will vary for different colleges. If the online system did not ask you to answer some of the questions you see in this section, this college chose not to ask that question of its applicants.

College \_\_\_\_\_ Deadline \_\_\_\_\_  
mm/dd/yyyy

Entry Term: ☐ Fall (Jul-Dec) ☐ Spring (Jan-Jun)

Decision Plan \_\_\_\_\_

Academic Interests \_\_\_\_\_

Career Interest \_\_\_\_\_

Do you intend to apply for need-based financial aid? ☐ Yes ☐ No

Do you intend to apply for merit-based scholarships? ☐ Yes ☐ No

Do you intend to be a full-time student? ☐ Yes ☐ No

Do you intend to enroll in a degree program your first year? ☐ Yes ☐ No

Do you intend to live in college housing? \_\_\_\_\_

What is the highest degree you intend to earn? \_\_\_\_\_

## DEMOGRAPHICS

Citizenship Status \_\_\_\_\_

Non-US Citizenship(s) \_\_\_\_\_

Birthplace \_\_\_\_\_  
City/Town State/Province Country

Years lived in the US? \_\_\_\_\_ Years lived outside the US? \_\_\_\_\_

Language Proficiency (Check all that apply.)  
S(Speak) R(Read) W(Write) F(First Language) H(Spoken at Home)

|       | S                     | R                     | W                     | F                     | H                     |
|-------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
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| _____ | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

**Optional** The items with a gray background are optional. No information you provide will be used in a discriminatory manner.

Religious Preference \_\_\_\_\_

US Armed Services veteran status \_\_\_\_\_

1. Are you Hispanic/Latino?  
☐ Yes, Hispanic or Latino (including Spain) ☐ No If yes, please describe your background. \_\_\_\_\_

2. Regardless of your answer to the prior question, please indicate how you identify yourself. (Check one or more and describe your background.)

☐ American Indian or Alaska Native (including all Original Peoples of the Americas)  
 Are you Enrolled? ☐ Yes ☐ No If yes, please enter Tribal Enrollment Number \_\_\_\_\_

☐ Asian (including Indian subcontinent and Philippines) \_\_\_\_\_

☐ Black or African American (including Africa and Caribbean) \_\_\_\_\_

☐ Native Hawaiian or Other Pacific Islander (Original Peoples) \_\_\_\_\_

☐ White (including Middle Eastern) \_\_\_\_\_

## FAMILY

Please list both parents below, even if one or more is deceased or no longer has legal responsibilities toward you. Many colleges collect this information for demographic purposes even if you are an adult or an emancipated minor. If you are a minor with a legal guardian (an individual or government entity), then please list that information below as well. If you wish, you may list step-parents and/or other adults with whom you reside, or who otherwise care for you, in the Additional Information section.

### Household

Parents' marital status (relative to each other): ☐ Never Married ☐ Married ☐ Civil Union/Domestic Partners ☐ Widowed ☐ Separated ☐ Divorced (date \_\_\_\_\_)

With whom do you make your permanent home? ☐ Parent 1 ☐ Parent 2 ☐ Both ☐ Legal Guardian ☐ Ward of the Court/State ☐ Other mm/yyyy

If you have children, how many? \_\_\_\_\_

### Parent 1

☐ Mother ☐ Father ☐ Unknown

Is Parent 1 living? ☐ Yes ☐ No (Date Deceased \_\_\_\_\_)  
mm/yyyy

Last/Family/Sur First/Given Middle

Former last name(s) \_\_\_\_\_

Country of birth \_\_\_\_\_

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Parent 2

☐ Mother ☐ Father ☐ Unknown

Is Parent 2 living? ☐ Yes ☐ No (Date Deceased \_\_\_\_\_)  
mm/yyyy

Last/Family/Sur First/Given Middle

Former last name(s) \_\_\_\_\_

Country of birth \_\_\_\_\_

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Legal Guardian (if other than a parent)

Relationship to you \_\_\_\_\_

Last/Family/Sur First/Given Middle

Country of birth \_\_\_\_\_

Home address **if different** from yours  
\_\_\_\_\_  
\_\_\_\_\_

Preferred Telephone: ☐ Home ☐ Cell ☐ Work (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code

E-mail \_\_\_\_\_

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

College (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

Graduate School (if any) \_\_\_\_\_ CEEB \_\_\_\_\_

Degree \_\_\_\_\_ Year \_\_\_\_\_

### Siblings

Please give names and ages of your brothers or sisters. If they are enrolled in grades K-12 (or international equivalent), list their grade levels. If they have attended or are currently attending college, give the names of the undergraduate institution, degree earned, and approximate dates of attendance. If more than three siblings, please list them in the Additional Information section.

Name Age & Grade Relationship

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
or expected mm/yyyy – mm/yyyy

Name Age & Grade Relationship

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
or expected mm/yyyy – mm/yyyy

Name Age & Grade Relationship

College Attended \_\_\_\_\_ CEEB \_\_\_\_\_

Degree earned \_\_\_\_\_ Dates \_\_\_\_\_  
or expected mm/yyyy – mm/yyyy

## EDUCATION

### Secondary Schools

Most recent secondary school attended \_\_\_\_\_

Entry Date \_\_\_\_\_ Graduation Date \_\_\_\_\_ School Type: ☐ Public ☐ Charter ☐ Independent ☐ Religious ☐ Home School  
mm/yyyy mm/dd/yyyy

Address \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_  
Number & Street

City/Town \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_ ZIP/Postal Code \_\_\_\_\_

Counselor's Name \_\_\_\_\_ Counselor's Title \_\_\_\_\_

E-mail \_\_\_\_\_ Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_  
Area/Country/City Code Number Ext. Area/Country/City Code Number

List all other secondary schools you have attended since 9<sup>th</sup> grade, including academic summer schools or enrichment programs hosted on a secondary school campus:

**School Name & CEEB/ACT Code** **Location (City, State/Province, ZIP/Postal Code, Country)** **Dates Attended (mm/yyyy)**

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Please list any community program/organization that has provided free assistance with your application process: \_\_\_\_\_

If your education was or will be interrupted, please indicate so here and provide details in the Additional Information section: \_\_\_\_\_

**Colleges & Universities** List all college/university affiliated courses you have taken since 9<sup>th</sup> grade and mark all that apply: taught on college campus (CO); taught on high school campus, excluding AP/IB (HS); taught online (ON); college credit awarded (CR); transcript available (TR); degree candidate (DC).

| College/University Name & CEEB/ACT Code | Location (City, State/Province, ZIP/Postal Code, Country) | CO                    | HS                    | ON                    | CR                    | TR                    | DC                    | Dates Attended<br>mm/yyyy -- mm/yyyy | Degree Earned |
|---|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|--------------------------------------|---------------|
|   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                      |               |
|   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                      |               |
|   |   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                                      |               |

If you indicated that a transcript is available, please have an official copy sent to your colleges as soon as possible.

## ACADEMICS

The self-reported information in this section is not intended to take the place of your official records. Please note the requirements of each institution to which you are applying and arrange for official transcripts and score reports to be sent from your secondary school and the appropriate testing agencies. Where "Best Scores" are requested, please report the highest individual scores you have earned so far, even if those scores are from different test dates.

**Grades** Class Rank \_\_\_\_\_ Class Size \_\_\_\_\_ Weighted? ☐ Yes ☐ No GPA \_\_\_\_\_ Scale \_\_\_\_\_ Weighted? ☐ Yes ☐ No  
(if available) (if available)

**ACT** Exam Dates: \_\_\_\_\_ Best Scores: \_\_\_\_\_  
(past & future) mm/yyyy mm/yyyy mm/yyyy (so far)  
 COMP mm/yyyy English mm/yyyy Math mm/yyyy  
 Reading mm/yyyy Science mm/yyyy Writing mm/yyyy

**SAT** Exam Dates: \_\_\_\_\_ Best Scores: \_\_\_\_\_  
(past & future) mm/dd/yyyy mm/dd/yyyy mm/dd/yyyy (so far)  
 Critical Reading mm/dd/yyyy Math mm/dd/yyyy Writing mm/dd/yyyy

**TOEFL/IELTS** Exam Dates: \_\_\_\_\_ Best Score: \_\_\_\_\_  
(past & future) mm/yyyy mm/yyyy mm/yyyy (so far)  
 Test Score mm/yyyy

**AP/IB/SAT Subjects** Best Scores: \_\_\_\_\_  
(per subject, so far) mm/yyyy

| mm/yyyy | Type & Subject | Score | mm/yyyy | Type & Subject | Score |
|---------|----------------|-------|---------|----------------|-------|
|         |                |       |         |                |       |
|         |                |       |         |                |       |
|         |                |       |         |                |       |
|         |                |       |         |                |       |

**Current Courses** Please list all courses you are taking this year and indicate level (AP, IB, advanced, honors, etc.) and credit value. Indicate quarter classes taken in the same semester on the appropriate semester line.

| Full Year/First Semester/First Trimester | Second Semester/Second Trimester | Third Trimester<br><small>or additional trimesters and term courses if more space is needed</small> |
|--|----------------------------------|---|
|  |                                  |   |
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|  |                                  |   |
|  |                                  |   |

**Honors** Briefly list any academic distinctions or honors you have received since the 9<sup>th</sup> grade or international equivalent (e.g., National Merit, Cum Laude Society).  
*S(School) S/R(State or Regional) N(National) I(International)*

| Grade level or post-graduate (PG) |                       |                       |                       |                       |  | Honor | Highest Level of Recognition  |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|--|-------|---|
| 9                                 | 10                    | 11                    | 12                    | PG                    |  |       | S S/R N I   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |       | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |       | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |       | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |       | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |  |       | <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> |

EXTRACURRICULAR ACTIVITIES & WORK EXPERIENCE

**Extracurricular** Please list your **principal** extracurricular, volunteer, and work activities in their order of importance to you. Feel free to group your activities and paid work experience separately if you prefer. Use the space available to provide details of your activities and accomplishments (specific events, varsity letter, musical instrument, employer, etc.). **To allow us to focus on the highlights of your activities, please complete this section even if you plan to attach a résumé.**

| Grade level or post-graduate (PG) |                       |                       |                       |                       | Approximate time spent |                | When did you participate in the activity? |                       | Positions held, honors won, letters earned, or employer | If applicable, do you plan to participate in college? |
|-----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|----------------|---|-----------------------|---|---|
| 9                                 | 10                    | 11                    | 12                    | PG                    | Hours per week         | Weeks per year | School year                               | Summer/School Break   |   |   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                        |                | <input type="radio"/>                     | <input type="radio"/> |   | <input type="radio"/>                                 |
| Activity _____                    |                       |                       |                       |                       |                        |                |   |                       |   |   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                        |                | <input type="radio"/>                     | <input type="radio"/> |   | <input type="radio"/>                                 |
| Activity _____                    |                       |                       |                       |                       |                        |                |   |                       |   |   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                        |                | <input type="radio"/>                     | <input type="radio"/> |   | <input type="radio"/>                                 |
| Activity _____                    |                       |                       |                       |                       |                        |                |   |                       |   |   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                        |                | <input type="radio"/>                     | <input type="radio"/> |   | <input type="radio"/>                                 |
| Activity _____                    |                       |                       |                       |                       |                        |                |   |                       |   |   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                        |                | <input type="radio"/>                     | <input type="radio"/> |   | <input type="radio"/>                                 |
| Activity _____                    |                       |                       |                       |                       |                        |                |   |                       |   |   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                        |                | <input type="radio"/>                     | <input type="radio"/> |   | <input type="radio"/>                                 |
| Activity _____                    |                       |                       |                       |                       |                        |                |   |                       |   |   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                        |                | <input type="radio"/>                     | <input type="radio"/> |   | <input type="radio"/>                                 |
| Activity _____                    |                       |                       |                       |                       |                        |                |   |                       |   |   |
| <input type="radio"/>             | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                        |                | <input type="radio"/>                     | <input type="radio"/> |   | <input type="radio"/>                                 |
| Activity _____                    |                       |                       |                       |                       |                        |                |   |                       |   |   |

**Instructions.** The essay demonstrates your ability to write clearly and concisely on a selected topic and helps you distinguish yourself in your own voice. *What do you want the readers of your application to know about you apart from courses, grades, and test scores?* Choose the option that best helps you answer that question and write an essay of at least 250 words but no more than 650 words, using the prompt to inspire and structure your response. Remember: 650 words is your limit, not your goal. Use the full range if you need it, but don't feel obligated to do so.

- Some students have a background or story that is so central to their identity that they believe their application would be incomplete without it. If this sounds like you, then please share your story.
- Recount an incident or time when you experienced failure. How did it affect you, and what lessons did you learn?
- Reflect on a time when you challenged a belief or idea. What prompted you to act? Would you make the same decision again?
- Describe a place or environment where you are perfectly content. What do you do or experience there, and why is it meaningful to you?
- Discuss an accomplishment or event, formal or informal, that marked your transition from childhood to adulthood within your culture, community, or family.

**Additional Information** Please attach a separate sheet if you wish to provide details of circumstances or qualifications not reflected in the application.

### Disciplinary History

- ① Have you ever been found responsible for a disciplinary violation at any educational institution you have attended from the 9<sup>th</sup> grade (or the international equivalent) forward, whether related to academic misconduct or behavioral misconduct, that resulted in a disciplinary action? These actions could include, but are not limited to: probation, suspension, removal, dismissal, or expulsion from the institution. ☐ Yes ☐ No
- ② Have you ever been adjudicated guilty or convicted of a misdemeanor, felony, or other crime? ☐ Yes ☐ No  
[Note that you are not required to answer "yes" to this question, or provide an explanation, if the criminal adjudication or conviction has been expunged, sealed, annulled, pardoned, destroyed, erased, impounded, or otherwise ordered by a court to be kept confidential.]

If you answered "yes" to either or both questions, please attach a separate sheet of paper that gives the approximate date of each incident, explains the circumstances, and reflects on what you learned from the experience.

**Note: Applicants are expected to immediately notify the institutions to which they are applying should there be any changes to the information requested in this application, including disciplinary history.**

### SIGNATURE

**Application Fee Payment** If this college requires an application fee, how will you be paying it?

- ☐ Online Payment ☐ Will Mail Payment ☐ Online Fee Waiver Request ☐ Will Mail Fee Waiver Request

### Required Signature

- ☐ I certify that all information submitted in the admission process—including the application, the personal essay, any supplements, and any other supporting materials—is my own work, factually true, and honestly presented, and that these documents will become the property of the institutions to which I am applying and will not be returned to me. I understand that I may be subject to a range of possible disciplinary actions, including admission revocation, expulsion, or revocation of course credit, grades, and degree, should the information I have certified be false.
- ☐ I acknowledge that I have reviewed the application instructions for each college receiving this application. I understand that all offers of admission are conditional, pending receipt of final transcripts showing work comparable in quality to that upon which the offer was based, as well as honorable dismissal from the school.
- ☐ I affirm that I will send an enrollment deposit (or equivalent) to only one institution; sending multiple deposits (or equivalent) may result in the withdrawal of my admission offers from all institutions. [Note: Students may send an enrollment deposit (or equivalent) to a second institution where they have been admitted from the waitlist, provided that they inform the first institution that they will no longer be enrolling.]

Signature 

Date \_\_\_\_\_  
mm/dd/yyyy

*Common Application member institution admission offices do not discriminate on the basis of race, color, ethnicity, national origin, religion, creed, sex, age, marital status, parental status, physical disability, learning disability, political affiliation, veteran status, or sexual orientation.*

## TO THE APPLICANT

After completing all the relevant questions below, give this form to a teacher who has taught you an **academic** subject (for example, English, foreign language, math, science, or social studies). **If applying via mail**, please also give that teacher stamped envelopes addressed to each institution that requires a Teacher Evaluation.

Legal Name \_\_\_\_\_ ☐ Female  
Last/Family/Sur (Enter name **exactly** as it appears on official documents.) First/Given Middle (complete) Jr., etc. ☐ Male

Birth Date \_\_\_\_\_ CAID (Common App ID) \_\_\_\_\_  
mm/dd/yyyy

Address \_\_\_\_\_  
Number & Street Apartment # City/Town State/Province Country ZIP/Postal Code

School you now attend \_\_\_\_\_ CEEB/ACT Code \_\_\_\_\_

**IMPORTANT PRIVACY NOTICE:** Under the terms of the Family Educational Rights and Privacy Act (FERPA), after you matriculate you *will* have access to this form and all other recommendations and supporting documents submitted by you and on your behalf, unless at least one of the following is true:

1. The institution does not save recommendations post-matriculation (*see list at [www.commonapp.org/FERPA](http://www.commonapp.org/FERPA)*).
2. You waive your right to access below, regardless of the institution to which it is sent:

- ☐ Yes, I do waive my right to access, and I understand I will never see this form or any other recommendations submitted by me or on my behalf.
- ☐ No, I do *not* waive my right to access, and I may someday choose to see this form or any other recommendations or supporting documents submitted by me or on my behalf to the institution at which I'm enrolling, if that institution saves them after I matriculate.

Required Signature \_\_\_\_\_ Date \_\_\_\_\_

## TO THE TEACHER

The Common Application membership finds candid evaluations helpful in choosing from among highly qualified candidates. You are encouraged to keep this form in your private files for use should the student need additional recommendations. Please submit your references promptly, **and remember to sign below before mailing directly to the college/university admission office. Do not mail this form to The Common Application offices.**

Teacher's Name (Mr./Mrs./Ms./Dr.) \_\_\_\_\_ Subject Taught \_\_\_\_\_  
Please print or type

Signature \_\_\_\_\_ Date \_\_\_\_\_  
mm/dd/yyyy

Secondary School \_\_\_\_\_

School Address \_\_\_\_\_  
Number & Street City/Town State/Province Country ZIP/Postal Code

Teacher's Telephone (\_\_\_\_\_) \_\_\_\_\_ Teacher's E-mail \_\_\_\_\_  
Area/Country/City Code Number Ext.

## Background Information

How long have you known this student and in what context? \_\_\_\_\_

What are the first words that come to your mind to describe this student? \_\_\_\_\_

In which grade level(s) was the student enrolled when you taught him/her? ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ Other \_\_\_\_\_

List the courses in which you have taught this student, including the level of course difficulty (AP, IB, accelerated, honors, elective; 100-level, 200-level; etc.).

**Ratings** Compared to other students in his or her class year, how do you rate this student in terms of:

|          |                             | Below<br>average | Average | Good (above<br>average) | Very good<br>(well above<br>average) | Excellent<br>(top 10%) | Outstanding<br>(top 5%) | One of the top<br>few I've encoun-<br>tered<br>(top 1%) |
|----------|-----------------------------|------------------|---------|-------------------------|--------------------------------------|------------------------|-------------------------|---|
| No basis |                             |                  |         |                         |                                      |                        |                         |   |
|          | Academic achievement        |                  |         |                         |                                      |                        |                         |   |
|          | Intellectual promise        |                  |         |                         |                                      |                        |                         |   |
|          | Quality of writing          |                  |         |                         |                                      |                        |                         |   |
|          | Creative, original thought  |                  |         |                         |                                      |                        |                         |   |
|          | Productive class discussion |                  |         |                         |                                      |                        |                         |   |
|          | Respect accorded by faculty |                  |         |                         |                                      |                        |                         |   |
|          | Disciplined work habits     |                  |         |                         |                                      |                        |                         |   |
|          | Maturity                    |                  |         |                         |                                      |                        |                         |   |
|          | Motivation                  |                  |         |                         |                                      |                        |                         |   |
|          | Leadership                  |                  |         |                         |                                      |                        |                         |   |
|          | Integrity                   |                  |         |                         |                                      |                        |                         |   |
|          | Reaction to setbacks        |                  |         |                         |                                      |                        |                         |   |
|          | Concern for others          |                  |         |                         |                                      |                        |                         |   |
|          | Self-confidence             |                  |         |                         |                                      |                        |                         |   |
|          | Initiative, independence    |                  |         |                         |                                      |                        |                         |   |
|          | OVERALL                     |                  |         |                         |                                      |                        |                         |   |

**Evaluation** Please write whatever you think is important about this student, including a description of academic and personal characteristics, as demonstrated in your classroom. We welcome information that will help us to differentiate this student from others. (Feel free to attach an additional sheet or another reference you may have prepared on behalf of this student.)